


# SERVICE REQUEST KITE

 **King County**  
Department of Adult and Juvenile Detention

Name: Kyle Canty BA#: 216035994 Date: 12/28/16 Location: 10N/L/C/10

Circle one (1) recipient per KITE:

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Officer ~ Sergeant              | <input type="checkbox"/> School / Education                        | <input type="checkbox"/> Inmate Funds/Accounts        |
| <input checked="" type="checkbox"/> Booking ~ Release ~ Commitments | <input checked="" type="checkbox"/> Chaplain / Religious Services  | <input type="checkbox"/> Inmate Management & Services |
| <input checked="" type="checkbox"/> Property Room                   | <input checked="" type="checkbox"/> Veteran Services               | <input type="checkbox"/> Mail Room                    |
| <input checked="" type="checkbox"/> Department Records              | <input checked="" type="checkbox"/> Legal Computer Workstation     | <input type="checkbox"/> Food Services                |
| <input checked="" type="checkbox"/> Commissary                      | <input checked="" type="checkbox"/> Community Corrections Division | <input type="checkbox"/> Programs Office              |

**MAIL**

PRINT YOUR REQUEST: MR. Canty is requesting a certified

inmate trust account history for the

last 6 months - Thanks (under the current

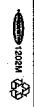
BA #)

Response from Recipient:

**RECEIVED**

parental approval

DO NOT USE THIS KITE FOR MEDICAL ISSUES (Use a PINK kite for Medical Service request)



KCDAD F-530 Front (Rev. 12/08)

# FORMA PARA SOLICITAR SERVICIOS (KITE)



Nombre: \_\_\_\_\_ BA#: \_\_\_\_\_ Fecha: \_\_\_\_\_ Localidad: \_\_\_\_\_

## Marque solo un (1) recipiente:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Oficial ~ Sargento            | <input type="checkbox"/> Escuela / Educacion             | <input type="checkbox"/> Fondos / Contaduria                 |
| <input type="checkbox"/> Proceso ~ Salida ~ Sentencias | <input type="checkbox"/> Capellán / Servicios Religiosos | <input type="checkbox"/> Administración de presos /servicios |
| <input type="checkbox"/> Propiedad Personal            | <input type="checkbox"/> Servicios para Veteranos        | <input type="checkbox"/> Correo                              |
| <input type="checkbox"/> Departamento de Archivos      | <input type="checkbox"/> Estación de Computadora Legal   | <input type="checkbox"/> Servicios Alimenticios / Cocina     |
| <input type="checkbox"/> Comisaría / Tienda            | <input type="checkbox"/> División Correcciones Comunales | <input type="checkbox"/> Oficina de Programas                |

## ESCRIBA SU PETICION:

### Respuesta:

NO USE ESTA FORMA PARA ASUNTOS MEDICOS ( Use la forma rosada para peticiones de Servicios Médicos)  KCDAD F-530 Form (Rev. 12/08)

## INMATE GRIEVANCE REPORT

Informe de Quejas de Recluso

Return to Inmate

Best scanned image available.

Department of  
King County Adult and Juvenile Detention

FOR OFFICE USE ONLY

JAN 12 2017

Date Received

Tracking Number:

0117 085

Name:

Kyle Canty

B/A #:

216035994

Location:

E11UC09

Ubicación

Nombre

Refer to the inmate handbook for details on Grievance Procedures.

Failure to follow directives will result in the return of your grievance without review.

Consulte el manual del preso acerca del "Procedimiento de Quejas Panorama general."

El incumplimiento de las directivas resultará en un retorno de su queja sin revisión.State your grievance in clear, brief and concise statements in the following space only. If your complaint involves a specific incident, you must include the date, time, location and personnel involved.

Presente su queja de una forma clara, breve y concisa solamente en el siguiente espacio. Si su queja se refiere a un incidente específico, usted debe incluir fecha, hora, ubicación y personal implicado.

MR. Canty's grievance is specifically on L. Part of inmate management and services for the denial of his "religious Kosher" diet and reinstatement form that he properly filled out, Sited Chapters, religious laws, and MR. Canty even gave Key words for King County Jails CPA's own benefit. MR. Canty has been forced to eat GMO foods that are against his beliefs, food that has not been properly prayed over, or prepared separately. Both of MR. Canty's religions state that MR. Canty shall not eat harmful food.

What actions have you taken to resolve this complaint informally? Indicate the date and name(s) of personnel with whom you have attempted to resolve this issue and their response.

¿Qué medidas ha tomado para resolver esta queja informalmente? Indique la fecha y nombre(s) de personal con los que han tratado de resolver este problema y su respuesta.

MR. Canty followed page 26 of the King County handbook, also MR. Canty received a pre-printed ~~rejection~~ rejection letter that's being sent to all inmates

What action or resolution are you seeking? ¿Qué acciones o resolución está usted buscando?

MR. Canty will not be compromising with this jail on this religious topic! ☺  
There needs to be a tracking# on this grievance

Inmate Signature:

Firma del Recluso

2 01/05/2017

Date:

Fecha

01/05/2017

Staff response/decision on reverse side

Personal de respuesta/decisión sobre el reverso

**Staff Response/Decision: Respuesta del Personal**

~~Mr. Canty~~, Mr. Canty, You were denied your religious diet request because you did not specify the religious sincere requirements of your requested. You referred to multiple religious practices and diets without stating exactly which one you held sincerely or were requesting. You are eligible to reapply 2/15/17.  
Thank you

Staff Name: L. Durham  
Nombre del Personal

Date: 2/2/17  
Fecha

☒ Copy to Inmate: (Copia Para el Recluso)

**Grievance Appeal**

Apelación de Queja

FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_

**Appeals may only be made for the following reasons:**

- New information is available that was not considered at the time the grievance was originally submitted.
- Possible error committed by the original reviewer.

State the reason(s) for your appeal. You must indicate what new information is available OR why you believe there was a possible error in the initial decision.

Apelaciones sólo se podrán hacer por las siguientes razones:

- Nueva información disponible que no se consideró en el momento de que la queja fue presentada originalmente.
- Posible error cometido por el revisor.

Presente la razón(s) de su apelación. Usted debe indicar qué nueva información está disponible O por qué usted cree que existe un posible error en la decisión inicial.


**Final Response/Decision:**

Respuesta Final/Decisión:


Staff Name: \_\_\_\_\_  
Nombre del Personal

Date: \_\_\_\_\_  
Fecha

☐ Copy to Inmate (Copia Para el Recluso)



**INMATE GRIEVANCE REPORT****Return to Inmate**

Informe de Quejas de Recluso

Department of  
King County Adult and Juvenile Detention**Best scanned image available.**

Date Received

JAN 24 2017

Tracking Number:

0117 134

Name:

KYLE Canty

B/A #:

216035994

Location:

10N/L,C,10

Nombre

Ubicación

Refer to the inmate handbook for details on Grievance Procedures.

Failure to follow directives will result in the return of your grievance without review.

Consulte el manual del preso acerca del "Procedimiento de Quejas Panorama general."

El incumplimiento de las directivas resultará en un retorno de su queja sin revisión.State your grievance in clear, brief and concise statements in the following space only. If your complaint involves a specific incident, you must include the date, time, location and personnel involved.

Presente su queja de una forma clara, breve y concisa solamente en el siguiente espacio. Si su queja se refiere a un incidente específico, usted debe incluir fecha, hora, ubicación y personal implicado.

MR. Canty's grievance is on King County Correctional facility as a corporation refusing MR. Canty the right to participate in programs that are available to all inmates here at the Seattle facility. MR. Canty has been denied the right to participate in all programs since July 13, 2016 to current date of Jan 10, 2017

What actions have you taken to resolve this complaint informally? Indicate the date and name(s) of personnel with whom you have attempted to resolve this issue and their response.

¿Qué medidas ha tomado para resolver esta queja informalmente? Indique la fecha y nombre(s) de personal con los que han tratado de resolver este problema y su respuesta.

MR. Canty is following proper protocol as advised

What action or resolution are you seeking? ¿Qué acciones o resolución está usted buscando?

?

Inmate Signature:

201/10/2017

Firma del Recluso

Date:

01/10/2017

Fecha

Staff response/decision on reverse side  
Personal de respuesta/decisión sobre el reverso

**Staff Response/Decision:** Respuesta del Personal

The Classification "10-NR41C" prohibits inmates from attending all group programs offered at LCCF. Classification of "Administrative Segregation" prohibits participation in religious, AA, NA, Yoga, ABLE-GED-ESL classes, tutoring, etc. Only minimum & medium inmates attend group classes based on housing.

**Staff Name:**

Nombre del Personal

**Date:**

Fecha

1-25-2017

☐ **Copy to Inmate:** (Copia Para el Recluso)**Grievance Appeal**

Apelación de Queja

**Date Received:****Appeals may only be made for the following reasons:**

- New information is available that was not considered at the time the grievance was originally submitted.
- Possible error committed by the original reviewer.

State the reason(s) for your appeal. You must indicate what new information is available OR why you believe there was a possible error in the initial decision.

Apelaciones sólo se podrán hacer por las siguientes razones:

- Nueva información disponible que no se consideró en el momento de que la queja fue presentada originalmente.
- Posible error cometido por el revisor.

Presente la razón(s) de su apelación. Usted debe indicar qué nueva información está disponible O por qué usted cree que existe un posible error en la decisión inicial.


**Final Response/Decision:**

Respuesta Final/Decisión:


**Staff Name:**

Nombre del Personal

**Date:**

Fecha

☐ **Copy to Inmate** (Copia Para el Recluso)

### What should I do if I hear voices?

Many people hear voices but not everyone needs to take medicine for them. Only people who are not able to function (understand or follow orders, take care of their basic needs) because of voices might need or be helped by medication. If you are experiencing major problems due to voices, fill out a medical KITE and describe your problem as much as you can. If it's an emergency, tell your housing officer.

### How can I get a psychiatric evaluation?

Some people have serious mental health symptoms which get in the way of their daily life. If you believe you are having serious symptoms like this fill out a medical KITE and describe your symptoms as much as you can. If it's an emergency, tell your housing officer. Please note that Jail Health Services staff do not conduct psychiatric evaluations for purposes relating to your prosecution of defense in your criminal or your being a party in a civil case.

### How can I get help with family issues?

Jail Health staff do not provide counseling services. You may fill out a white kite to the chaplain's office to ask for religious or spiritual counseling, for which the jail has multiple volunteers.

**CHAPLAIN** - You may want to speak with a chaplain about your faith, a family issue or any other issue while you are in jail. Fill out a white kite to the chaplain's office. These spiritual and emotional matters are not handled by Jail Health/Mental Health.

**SHANTI** - Shanti volunteers provide emotional support for inmates with serious medical conditions or inmates whose family members have such conditions. Send a medical kite to meet with a Shanti volunteer.

**DISABILITIES** - If you have a disability and need accommodation you must notify both classification and Jail Health Services. Do this by completing **both** a medical kite and a green kite. If you have an emergency **notify your housing unit officer immediately**. For non-emergency care, fill out a medical kite. Please see below section regarding the King County Office of Civil Rights.

### MEALS AND FOOD SERVICES

All meals served at the jail meet Federal nutritional requirements and are approved by a King County Dietician.

**Jail meals do NOT contain pork, pork products, pork bi-products, food containing shellfish.**

**MEDICAL DIET** - If you require a special diet for medical reasons, fill out a medical kite for review by a health care provider. Special diets for medical/dental reasons can only be ordered by Jail Health Services. Once the kitchen receives the special diet order from JHS, the meal will start as soon as possible.

**VEGETARIAN DIET** - All vegetarian diets are vegan (no animal products). To request a vegetarian meal, send a yellow kite to Food Services. Do not make the request to the programs office or medical. You may request and be put on a vegetarian diet one time per booking. If you request to stop receiving your vegetarian meal, you will not be allowed back on the vegetarian diet for the remainder of your current booking.

**KOSHER OR HALAL DIET** - Some Jewish or Muslim inmates observe specific religious principles including dietary restrictions. For these people, DAJD offers a kosher or halal meal choice. To request a religious diet, send a white kite to Inmate Management Services (IMS). They will provide you with a Religious Diet Request or Reinstatement Form. Complete the form and return it to IMS via inmate mail. The CPA will decide whether to approve or deny the request based on current legal criteria. If you are approved, Food Services, kitchen staff will be notified to start the religious diet as soon as possible and a letter of approval will be sent to you via inmate mail. If you are denied, you will be sent a letter of denial with an explanation for the decision.

**Note:** Once you have been approved and are receiving a Kosher or Halal diet, if you request to be removed from the diet, you will be removed for the remainder of your current booking. If you violate the rules related to receiving a religious diet you will be removed from the diet for a specific violation period. There are certain religious observances related to diet during the year that will be accommodated at the time of the observance.



- Staph germs can live on an object or on surfaces, especially bandages used to cover infections and on an object or surface that is touched or shared, and then the Staph germs can spread.

#### **How do I keep from getting skin infections?**

- Keep your body clean. Shower daily with **soap** and water. If you need more soap, ask a housing officer.
- Do not share personal items like razors, soap, towels, blankets, deodorant, uniforms or underwear.
- Keep cuts or sores covered until healed. Don't let others touch your skin or bandages.
- Wash hands with soap and water before eating, after using the toilet and after sports.
- Avoid getting cuts and breaks in your skin.

#### **What should I do if I think I have a skin infection?**

If you have a boil, pimple, spider bite, ingrown hair or area on your skin that is red, warm, swollen, painful or has pus, you may have an infection. **Do not treat it yourself. Do not poke, squeeze or pick at the area** and don't let anyone but a health care provider touch the area.

- Early treatment can keep the infection from spreading or getting worse. Fill out a medical kite to see the nurse right away.
- If the infection is draining pus, tell an officer.

#### **I was told I have an antibiotic resistant Staph infection or MRSA. What does this mean?**

MRSA is a Staph germ that is resistant to certain antibiotics. MRSA infections can be treated with antibiotics to kill the germ. Keep your wound covered with a bandage. Contact with the pus from the wound or the bandages can give others the infection. If your infection is getting worse or spreading after you have been treated or if the bandage comes off or starts to leak, let the nurse or officer know right away. If your uniform, sheets, towel or blanket becomes soiled with pus from the wound, tell the officer so you can get a change of clothes or bedroll.

#### **MENTAL HEALTH SERVICES - Questions you might have about your mental health while you are in jail:**

##### **Why do I feel sad and worried?**

Many people feel sad or worried when they are in jail. You may have lots of strong feelings while you are in jail. If you feel you are losing control of your behavior due to strong feelings, tell your housing officer that you need to see Jail Health staff.

##### **Why can't I sleep at night?**

Jail is upsetting for many people. You might feel stressed about being in jail. These feelings can get in the way of a good night's sleep. After a while, however, you may get used to sleeping in jail. If you take naps during the day, you might not be tired enough to sleep at night, so it may help you sleep at night if you do not sleep during the day. Jail Health staff do not give out sleep medicine.

##### **Why didn't I get my medicine?**

You may have been taking mental health medicine either just before you came to jail or the last time you were in jail. This does not mean you will get medicine or the same medicine in jail this time. If you are having mental illness symptoms fill out a medical kite. If you were taking medicine before you came into the jail, tell us who your doctor is and which pharmacy you use. JHS personnel will verify your medications and decide whether to prescribe you medications and, if so, which one(s).

##### **What should I do if I don't feel right but I don't have a prescription right now?**

If you are having symptoms, fill out a medical kite.

##### **What should I do if my new medicine isn't working?**

Mental health medicine takes time to start working, sometimes weeks or longer. You will have another appointment later to make sure that your new medicine works for you.

##### **Why don't I feel right after taking my new medicine?**

Lots of medicines have side effects but they may get better after you have been on the medicine for a few days. If you have distressing side effects that are not getting better, fill out a medical kite.



**CHAPLAIN'S OFFICE RESPONSE FORM (C)**

**CHAPLAINS AT THE KCCF ARE VOLUNTEER GUESTS OF THE INSTITUTION. AS SUCH WE MUST COMPLY STRICTLY TO JAIL POLICIES AND REGULATIONS IN OUR EFFORTS TO SERVE YOUR SPIRITUAL NEEDS.**

**INMATE INFORMATION HANDBOOK REFERENCES**

- ☐ **PAGE 5 "Do not send more than one kite per week about the same issue." Kites to Religious Services Program typically request materials or a face-to-face visit. (1)**
- ☐ **PAGES 30 - 31 Soft cover books may be ordered by inmates at their own expense from the publisher or purchased from commissary. (2)**
- ☐ **PAGE 29 Inmates may not send mail to any DAJD staff member or other Institutions, unless specifically authorized in writing by a Major or above. (3)**
- ☐ **PAGE 29 All items must come through USPS mail. (4)**
- ☐ **PAGES 30 - 31 Personal Mail/Books & Magazine policies are listed on pages 30 - 31 in the Inmate Handbook. (5)**
- ☐ **PAGE 20 Copying Services - Chaplains do not have access or authority to do copying. (6)**
- ☐ **PAGE 5 Chaplain services can be accessed by completing a white kite. (7)**
- ☐ **PAGE 24 Special meals and diet procedures are explained. (8)**

☒ **In reference to your request for a visit from a representative of your faith: Requests are emailed to the proper representative. Their response is according to their schedule and availability. (9)**

(     /     /     )

**THANK YOU, RELIGIOUS SERVICES VOLUNTEERS**

MR. CANTY is requesting copies of this  
Complaint to be sent back to him for his  
own records Thanks

# INMATE GRIEVANCE OF TITLE VI DISCRIMINATION AGAINST KING COUNTY

## 1. Grievant Information:

Inmate Name: Kyle Lydell Canty

BA number: 216035994

- Facility: ☒ King County Correctional Facility, Seattle (KCCF)  
☐ Regional Justice Center, Kent (RJC)  
☐ Community Corrections Division, Dept. of Adult & Juvenile Detention  
☐ Children & Family Justice Center

☐ The address below is for my outside contact person:

☐ I have authority to file on behalf of an inmate. Here is my contact info:

Name: N/A All mail pertaining to this

Mail Address: form needs to come to MR.  
Canty via USPS mail until further  
notice

Phone: \_\_\_\_\_

Email: USPS mail only (KCCF)

Please include written documentation showing that you have authority to file on behalf of the inmate (such as a power of attorney).

## 2. King County department or agency that discriminated against Grievant:

- ☒ Department of Adult and Juvenile Detention (DAJD)  
☒ Public Health, Jail Health Services (JHS)

If you have a grievance about a disability condition, do not use this form.  
 Instead, call the Office of Civil Rights at 206-263-2446 to request an  
 Inmate Grievance of Disability Discrimination form.

RECEIVED  
 JAN 19 REC'D  
 KC CIVIL RIGHTS

3. Did you make a grievance to the King County department where the discriminatory incident(s) happened?

☒ Yes ☐ No

Name, position, and department of county employees you have complained to about the incident(s):

Runette Mitchell, L. Pait, H. Hender Shot  
Brown, E. Bautisa (Major) T. Clark (Major)  
AMY Calderwood - All King County employees

Have you filed a grievance about these issues with the King County Ombudsman's Office?

☒ Yes ☐ No

If you filed a complaint, grievance or lawsuit about this matter anywhere else, where did you file? Attach additional sheets if needed.

MR. Canty Will be filling a Claim for  
damages form very shortly, and then  
he will file the federal lawsuit.  
Since King County wants to test the water

Our office has NO authority to handle grievances about any city police department.

4. Describe what happened that you feel is discriminatory. Include details, such as dates, who was involved, whether the discrimination is continuing, etc.  
Attach additional sheets if needed.

Please See documents that will  
be filed with Metropolitan King County  
Council (Claim form along with proof)  
"Public information" Risk Management  
then gets what's filed. Sorry Office  
of Civil Rights Since your office seems  
to think that you know what civil rights,  
Federal Acts, and Constitutional law is - MR  
Canty Will now test you!

The Question is does King County Correctional facility receive federal funding, grants, donations? The answer is yes! Question 2 - does King County Correctional facility have to follow the United States Constitution? The answer is yes!

Question 3 - has King County Correctional facility knowingly, intentionally, maliciously, and willfully not followed the United States Constitution as well as other federal laws or acts? The answer is yes! Based upon the large amount of evidence MR. Canty will now challenge King County in federal court pursuant to Title VI, also pursuant to Constitutional law, and other federal Acts that King County must follow since they are receiving federal funding, grants, donations ect ect. MR. Canty already knows that the Federal Courts don't agree with King County

5. I believe the above actions happened because of my protected class:

☐ Race - what race?

☐ Color

☐ National Origin - what country?

The OCR statement below of King County is not true



**DO NOT check every protected class box!**

To file a Title VI grievance, you must explain how any negative action that happened is clearly connected to each protected class that you checked.



6. Why do you feel that the negative actions you listed in #4 above happened because of your race, color and/or national origin?

The Question now becomes, Can King County prove in Federal Court that the negative actions did not happen because of one's religion, race, color, national origin, trying to save money, or just flat out violating a person's Constitutional rights, along with violating Federal laws and Acts? This form that MR. Canty received from King County's OCR department is "fictitious" 😊 But it should be filed anyways!

7. In your view, what would be the best way to resolve the grievance?

MR. Canty is done warning this County this County loves going through civil litigation - MR. Canty has already checked the public Records of King County

I affirm that the information in this form is true to the best of my knowledge and belief. I understand that all information becomes a matter of public record after I file this grievance.

Prepared by: 2/01/17/2017  
Signature or mark of Grievant

01/17/2017  
Date

\_\_\_\_\_  
Signature of Authorized Person filing for Grievant


\_\_\_\_\_  
Date

**MAIL YOUR COMPLETED AND SIGNED FORM TO EITHER ADDRESS:**

King County Office of Civil Rights  
& Open Government  
401 Fifth Avenue, Suite 215  
Seattle, WA 98104-1818  
(requires stamp)

King County Office of Civil Rights  
& Open Government  
Mailstop: CNK-ES-0215  
(no stamp needed)

(Label your envelope as "Legal Mail")

Please make MR. Canty a copy of this  
Complaint form with a received stamp on it  
and send back for  his records. Thanks

# **King County**

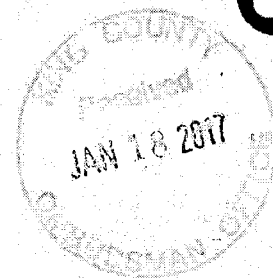
**Best scanned image available**

## **OMBUDSMAN**

516 Third Avenue, Room W1039

Seattle, WA 98104

206-477-1050 v/tty - 206-296-0948 fax



**COPY**

### **Complaint Form**

The Ombudsman's Office is not an office of first recourse. Therefore, we ask that you first try to resolve your complaint with the agency before filing a complaint with the Ombudsman. If you have been unsuccessful in resolving your concern with the agency, please fill out this complaint form and return it to our office by mail or fax, or you may scan and email it.

Name: Kyle Lydell Canty (BA# 216035994)

Address: 500 Fifth Avenue (King County Correctional Facility)

City: Seattle State: WA Zip Code: 98104

Phone number(s): USPS mail only

1. King County department, division, or service your complaint is about:

King County Correctional Facility (Seattle)  
King County Ombudsman's office (Seattle)

2. File, permit, record, or other number, if applicable:

Civil litigation case numbers will be  
available soon 😊 since King County wants to test!

3. County employees you have dealt with (name, position, agency):

Amy Calderwood, E. Bautista (Major), T. Clark (Major)  
Wayde Silva, Runette Mitchell, L. Pait, H. Hendershot  
Brown

4. Witnesses/others involved (name, address, telephone number):

MS. Courtway, MS. Gram, Jennifer Hill, 206-263-0050  
King County Office of Risk Management

## 5. Summary of your complaint:

King County Correctional facility has intentionally, knowingly, maliciously, and willfully violated Article 5, and 18 of (U.D.H.R.), also King County Correctional facility has intentionally, knowingly, maliciously, and willfully violated the (REUIPA ACT) - The King County Ombudsman's office failed to do their job, so say no more! MR. Canty is done complaining and filling grievances that don't receive tracking numbers on purpose ☺

(You may attach additional sheets or submit a separate written statement.)

## 6. In your view, what would be the best way to resolve your complaint?

MR. Canty Will Show the King County Ombudsman's office better than he can tell them - King County Department of Executive Services office of Risk Management You have Amy Calderwood to thank for this ☺

I affirm that the above statement and facts are true and correct to the best of my knowledge.

Prepared by: 2 01/13/2017  
Signature

01/13/2017  
Date

**Request for non-disclosure:** Pursuant to RCW 42.56.240(2) of the Public Records Act, I request that information revealing my identity *not* be disclosed because I fear that such disclosure would endanger my or someone else's life, physical safety, or property.

Sign here: \_\_\_\_\_

Please contact the Ombudsman's Office at 206-477-1050 if you have any questions about how to fill out this form. Once you have filled out and signed your complaint, you may mail (Ombudsman's Office, 516 Third Avenue, Room W1039, Seattle, WA 98104), fax (206-296-0948), or scan and email ([ombudsman@kingcounty.gov](mailto:ombudsman@kingcounty.gov)) the form to us.